

August, 2006

New Jersey Individual Health Coverage Program Board

Standard Plans

SINGLE	Plan A/50				Plan B		Plan C		Plan D		HMO Plans					Standard Plan Rate Guarantee
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	2500 Deduct	\$15 Copay	\$30 Copay	\$40 Copay	\$50 Copay	Deductible Coinsurance	
Aetna Life Insurance Company	789.00	649.00	-	-	931.00	805.00	1,060.00	911.00	1,986.00	1,707.00	-	-	-	-	-	12 mos
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	939.50	631.00	-	-	-	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	1,071.00	480.00	-	-	-	none
Celtic Insurance Company	1,219.00	1,080.00	-	-	1,528.00	1,375.00	4,419.00	3,352.00	6,009.00	-	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	933.90	-	-	-	-	none
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	844.38	698.24	634.37	580.62	-	none
Horizon Blue Cross Blue Shield of NJ	1,048.56	903.82	571.81	373.27	1,150.55	982.40	1,626.04	1,007.91	2,273.67	1,513.71	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	545.47	453.93	-	435.77	282.28	12 mos
Oxford Health Insurance Company	538.60	442.86	361.45	308.69	826.31	680.17	1,057.02	802.61	1,265.85	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	478.72	370.22	-	-	-	-	-	-	-	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	550.65	415.33	-	-	-	12 mos

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ADULT & CHILD	Plan A/50				Plan B		Plan C		Plan D		HMO Plans					Standard Plan Rate Guarantee
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	2500 Deduct	\$15 Copay	\$30 Copay	\$40 Copay	\$50 Copay	Deductible Coinsurance	
Aetna Life Insurance Company	1,364.00	1,118.00	-	-	1,598.00	1,362.00	1,805.00	1,550.00	3,428.00	2,947.00	-	-	-	-	-	12 mos
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	1,692.90	1,136.90	-	-	-	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	1,949.00	873.00	-	-	-	none
Celtic Insurance Company	2,133.00	1,890.00	-	-	2,675.00	2,406.00	7,734.00	5,865.00	10,517.00	-	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	1,681.02	-	-	-	-	none
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	1,435.61	1,187.13	1,078.55	987.17	-	none
Horizon Blue Cross Blue Shield of NJ	1,857.93	1,601.62	1,013.17	661.43	2,038.80	1,740.66	2,885.10	1,788.46	4,034.65	2,267.03	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	836.73	696.27	-	668.42	432.98	12 mos
Oxford Health Insurance Company	996.41	819.29	668.68	571.08	1,528.67	1,258.31	1,955.49	1,484.83	2,341.82	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	885.63	684.91	-	-	-	-	-	-	-	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	1,046.24	789.13	-	-	-	12 mos

- > These are monthly premium rates in effect for new business and renewals which occur during the month shown at the top of this page. Contact the carriers or your agent for rates for subsequent months.
- > The PPO plan rates shown are listed according to the out-of-network benefit level. A PPO plan listed under Plan C, for example, means that the out-of-network coinsurance is based on Plan C (70%/30% coinsurance).
- > Contact Oxford Health Insurance for details on the plan design for the available PPO products.
- > Contact the HMO Carriers for information on the HMO Coverage subject to deductible and coinsurance.

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New Jersey Individual Health Coverage Program Board

Standard Plans

TWO ADULTS	Plan A/50				Plan B		Plan C		Plan D		HMO Plans					Standard Plan Rate Guarantee
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	2500 Deduct	\$15 Copay	\$30 Copay	\$40 Copay	\$50 Copay	Deductible Coinsurance	
Aetna Life Insurance Company	1,579.00	1,299.00	-	-	1,861.00	1,575.00	2,118.00	1,815.00	3,984.00	3,424.00	-	-	-	-	-	12 mos
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	1,879.00	1,261.90	-	-	-	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	2,142.00	960.00	-	-	-	none
Celtic Insurance Company	2,840.00	2,517.00	-	-	3,561.00	3,203.00	10,297.00	7,809.00	14,002.00	-	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	1,802.42	-	-	-	-	none
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	1,519.74	1,256.70	1,141.76	1,045.02	-	none
Horizon Blue Cross Blue Shield of NJ	2,523.51	2,175.42	1,376.15	898.42	2,769.31	2,364.30	3,877.24	2,403.58	5,422.16	3,046.58	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,166.63	970.78	-	931.95	603.68	12 mos
Oxford Health Insurance Company	1,077.20	885.72	722.90	617.38	1,652.62	1,360.34	2,114.04	1,605.22	2,531.70	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	957.44	740.44	-	-	-	-	-	-	-	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	1,101.30	830.66	-	-	-	12 mos

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FAMILY	Plan A/50				Plan B		Plan C		Plan D		HMO Plans					Standard Plan Rate Guarantee
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	2500 Deduct	\$15 Copay	\$30 Copay	\$40 Copay	\$50 Copay	Deductible Coinsurance	
Aetna Life Insurance Company	2,154.00	1,767.00	-	-	2,529.00	2,132.00	2,863.00	2,453.00	5,427.00	4,664.00	-	-	-	-	-	12 mos
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	2,808.30	1,885.90	-	-	-	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	3,020.00	1,353.00	-	-	-	none
Celtic Insurance Company	2,852.00	2,528.00	-	-	3,576.00	3,217.00	10,341.00	7,843.00	14,062.00	-	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	2,596.24	-	-	-	-	none
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	2,026.83	1,676.02	1,522.72	1,393.71	-	none
Horizon Blue Cross Blue Shield of NJ	2,649.82	2,284.19	1,444.99	943.35	2,907.73	2,482.53	4,071.06	2,523.58	5,693.25	3,198.98	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,652.07	1,374.73	-	1,319.74	854.88	12 mos
Oxford Health Insurance Company	1,535.01	1,262.15	1,030.13	879.77	2,354.98	1,938.48	3,012.51	2,287.44	3,607.67	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	1,364.35	1,055.13	-	-	-	-	-	-	-	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	1,651.95	1,245.99	-	-	-	12 mos

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